ETB CARE FINANCING AUSTRISTRATION	CIVID ITO, USOUT UNITED TO COMPANY OF THE PROPERTY OF THE PROP
TRANSMITTAL AND NOTICE OF ADDROVAL OF	1 INONSERITATION OF THE STATE OF
RANSMITTAL AND NOTICE OF APPROVAL OF	0 3 - 0 5 Pennsylvania
STATE PLAN MATERIAL OR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
	Title XIX - Medicaid
: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2003
TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN 🔯 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each amendment)
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY \$ b. FFY \$
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
plement 8A to Attachment 2.6-A, pages 1 and 1a plement 14 to Attachment 2.6-A, page 1a plement 15 to Attachment 2.6-A, page 1	OR ATTACHMENT (If Applicable): Supplement 8A to Attachment 2.6-A, pages and 1 a Supplement 14 to Attachment 2.6-A, page 1 Supplement 15 to Attachment 2.6-A, page 1
). SUBJECT OF AMENDMENT:	
Medicaid Simplification - change in income el	igibility deductions for TANF-related Medicaid.
. GOVERNOR'S REVIEW (Check One):	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Secretary of Public Welfare
e. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
3. TYPED NAME:	
Estelle B. Richman	
Secretary of Public Welfare	
DATE SUBMITTED:	
	FFICE USE ONLY
7. DATE RECEIVED:	18. DATE APPROVED: MAR 1 8 2004
9. EFFECTIVE DATE OF APPROVED MATERIAL:	ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL:
10/1/2003	Juny 22
1. TYPED NAME:	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
MARY T. MCSORLEY	DIVISION OF MEDICATO & CHILDREN'S HEALTH
3. REMARKS:	

· Revision:

HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

Page 1 OMB No.:

0938-

CTATE DI	ANTIMOED	TITI E VIV	OF THE SOCIAL	SECLIDITY	ACT
SIAIEPL	_AN UNDER	IIILE XIX	OF THE SOCIAL	. SECURII Y	ALI

		STATE:	Pennsylvania		
		MOF	RE LIBERAL METHO UNDER SECTION		
		Section 1	902(f) State		X Non-Section 1902(f) State
(A)_	AFDO	C-related			
(1)	medio norm AFD(cally needy ally treated C State Pla	only applicants and as a resource, will b	recipients, be treated a nore benefi	eedy nonmoney payment and the receipt of a lump sum, which is as income in accordance with the icial to the applicant and recipient to ource.
(2)	Work	Expense [Deduction -		
	A.		•	•	oney payment applicants or recipients expense deduction of \$120.
	B.	income a		pense dec	licants or recipients with earned duction of actual and verified monthly eater.
(3)	recipi perso	ients with s onal busine al equipme	elf-employment inco ss and entertainmen	me are givent expenses	edically needy only applicants and en a deduction for depreciation, s, personal transportation, purchase of oal of loans for capital assets or durable
(4)	applic	cants and r	curring Medical Expension ecipients are permitted for the 6-month el	ed to proje	FDC-related medically needy only oct verified recurring and predictable riod.
*		liberal met on 1903(f).	hods may not result	in exceedi	ng gross income limitations under
	lo. <u>03</u> -		_Approval Date	AR 1 8 20	Effective Date October 1, 2003
-	ercedes IO. 91				HCFA ID:

... Revision:

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

Page 1a OMB No.:

0938-

	STATE PL	AN UNDER TITLE XIX	OF THE SOC	IAL SECURITY ACT	
	STATE:	Pennsylvania			
	МО	RE LIBERAL METHO UNDER SECTION 1			
	Section	1902(f) State	X	Non-Section 1902(f) Stat	e
<u>(A)</u>	AFDC-related (Continued)			
(5)	For AFDC-relat applicants and	ed categorically needy	nonmoney pay received from p	oved Family Day Care Hor yment and medically needy providing child day care for uded.	only
(6)	payment and m may qualify for receiving Medic	nedically needy only ap the work incentive ded caid or cash assistance	plicants and re luction if the em within four mo	categorically needy nonmore cipients, each employed per person has been on this before the calendar market of the work incentions.	erson nonth
(7)	applicants and or a sick or disa	recipients, the actual vabled adult living in the provided by other fam	vork-related cos home of the ap	C-related medically needy st of care of dependent chi oplicant or recipient is allow nd if no other sound plan c	ldren ved if
*	More liberal me section 1903(f)	•	n exceeding gro	oss income limitations unde	ər
	o. <u>03-005</u> rcedes	Approval Date	IR 1 8 2004	ffective Date October 1,	2003
•	O. <u>91-33</u>		HCF	A ID:	

Attachment 2.6-A Page 1a Supplement 14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:	Pennsylvania
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ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996 as follows:
 - 1. \$120 Work Expense Deduction of all earned income.
 - 2. 50% (if applicable) of all earned.
 - Exclude income-in-kind as income.
 - Exclude as income student financial assistance provided for educational expenses unless granted solely to meet basic living needs.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 2. Income-in-kind income was counted.
- 3. Student financial assistance unless excluded was counted as income.

The agency terminates Medicaid (except for certain pregnant women and children) for individuals who fail to meet TANF Work requirements.

The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

TN No. 03-005 Approval Date AR 1 8 2004 Effective Date October 1, 2003
Supercedes
TN NO. 97-006 HCFA ID:

Attachment 2.6-A Page 1 Supplement 15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Pennsylvania

THE ELIGIBILITY GROUPS COVERED BY LESS RESTRICTIVE INCOME METHODOLOGIES INCLUDE THOSE LISTED IN SOCIAL SECURITY ACT SECTIONS 1902(a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), (a)(10)(A)(ii)(IX) and (a)(10)(C)(i)(III) PERMITTED UNDER §1902(r)2) OF THE SOCIAL SECURITY ACT AS ADDED BY §303(e) OF THE MEDICARE CATASTROPHIC COVERAGE ACT OF 1988

INCOME

10.a, e(1), f(1) - AFDC

- (1) Exclusion of Income From Providing Care in an Approved Family Day

 Care Home For AFDC-related categorically needy nonmoney payment
 and medically needy only applicants and recipients, the income received
 from providing child day care for children in an approved family day care
 home is excluded.
- (2) 50% Work Incentive Deduction For AFDC-related categorically needy nonmoney payment and medically needy only applicants and recipients, each employed person may qualify for the work incentive deduction if the employed person has been receiving Medicaid or cash assistance within four months before the calendar month of application for Medicaid. There is no time limit for receipt of the 50% work incentive deduction.
- (3) Work-Related Dependent Care Deduction For AFDC-related medically needy only applicants and recipients, the actual work-related cost of care of dependent children or a sick or disabled adult living in the home of the applicant or recipient is allowed if care cannot be provided by other family members, and if no other sound plan can be made for their care.

The total amount of income which will be excluded under these less restrictive policies will not exceed the difference between the medically needy standard and 133 1/3 percent of the AFDC payment standard applicable to a family of the same size without any income.

TN No. 03-005 Approval Date MAR 1 8 200 Effective Date October 1, 2003
Supercedes
TN NO. 90-25 HCFA ID: